

# ZERO INCOME AFFIDAVIT

**Names of Applicable Adult Household Members:**

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

I hereby certify that I do not receive income from any of the following sources:

- A. Wages from employment (including commissions, tips, bonuses, etc.);
- B. Income from the operation of a business;
- C. Rental income from real or personal property;
- D. Interests or dividends from assets;
- E. Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits;
- F. Unemployment or disability payments;
- G. Public assistance payments;
- H. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- I. Sales from self-employed resources;
- J. Any other source not named above.

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next thirty (30) days.

I have answered these questions truthfully to the best of my ability.

**Signatures:**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse	Date
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Other Family Member over age 18	Date
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Other Family Member over age 18	Date
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Other Family Member over age 18	Date
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Other Family Member over age 18	Date
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Other Family Member over age 18	Date
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